State of Michigan Department of Civil Service EMPLOYEE BENEFITS DIVISION 400 South Pine Street, P.O. Box 30002

Lansing, Michigan 48909 1-800-505-5011 or 517-373-7977

FAMILY MEDICAL LEAVE OF ABSENCE FORM

Instructions: This form is used by the Human Resource Office to report Family Medical Leave of Absence (FMLA) to the Employee Benefits Division for the collection of the employee's share of the insurance premiums for dental and vision. The LTD rider will pay the health premium. If there is no LTD rider, please include the health. Please FAX this form to the Employee Benefits Division at (517) 373-3174 as soon as possible.

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Preparer Name		Preparer Telephone Number		
EMPLOYEE INFORMATION				
Employee ID Number	Social Security Number	Name		
Address		City	State	Zip Code
Dept/Agency	Unit Code	Last Day In Pay Status (MM/DD/YYYY)	FMLA Pay Period End Date (MM/DD/YYYY)	
Health Code LTD	Dental Code	Vision Code	Employee Birth Date (MM/DD/YYYY)	
DEPENDENT INFORMATION: (Please fill out COMPLETELY)				
Dependent Name	Social Security Number	Birth Date (MM/DD/YYYY)	Relationship	